## REGISTRATION CARD

TITLE (Mr. Mo etc. )

Triple / Quad

We at Domark have taken every effort to ensure that this computer game is of the highest possible standard. To continue this service to you we offer a free and comprehensive customer support system which you can be part of by filling in and posting this registration card.

INITIALSSU	RNAME
ADDRESS	
CITY/COUNTY	POST CODE
TELEPHONE	FAX
WHICH DOMARK PRO	ODUCT DID YOU BUY?
1. HOW DID YOU LEA	RN ABOUT THIS PRODUCT?
☐ In-store Display/Pror	motion  Magazine Review
■ Magazine Advert	Word of Mouth
☐ Other Please Specify	y
2. WHERE DID YOU M	AKE THIS
PURCHASE?	
3. DATE OF PURCHAS	
4. YOUR AGE UND	ER 13 🗆 13-19 🗀 20-29
□ 30-39 □ 40-50 □	OVER 50
5. HOW WOULD YOU	RATE THIS PRODUCT?
□ Excellent □ Good	☐ Average ☐ Poor ☐ Bad
6. WHY?	
7. WHAT MACHINE D	
7. WHAI MACHINE D	0 100 0 WIV:

CD ROM DRIVE? Yes / No IF SO WHAT SPEED? Double /

9. IS YOUR MACHINE CONNECTED TO A NETWORK?		
Yes / No IF SO, WHICH ONE?		
10. HOW MUCH MEMORY DOES YOUR MACHINE		
CONTAIN? 2 2 MB 4 MB 8 MB 16 MB		
□ OTHER. PLEASE SPECIFY		
PC OWNERS ONLY		
11. PLEASE SPECIFY PROCESSOR TYPE		
□ 386sx □ 386dx □ 486sx □ 486dx □ Pentium		
☐ Other. Please specify		
12. WHICH OPERATING SYSTEM/S DO YOU USE?		
□ DOS □ WINDOWS □ OS/2 □ WINDOWS'95		
13. DO YOU OWN A SOUNDCARD Yes / No		
14. IF SO, PLEASE STATE MODEL		
15. WHAT STANDARD IS YOUR GRAPHICS CARD?		
□ VGA □ SVGA □ 24 BIT		
16. WHICH COMPUTER MAGAZINES DO YOU READ		
17. WHAT IS YOUR FAVOURITE TYPE OF GAME?		
☐ Graphic Adventure ☐ Action/Arcade ☐ Role Playing		
☐ Simulation ☐ Sports ☐ Fantasy		
18. WHAT OTHER PRODUCTS WOULD YOU LIKE TO SEE		
FROM DOMARK IN THE FUTURE?		

19. WOULD YOU LIKE TO BE NOTIFIED OF SPECIAL END OF LINE DISCOUNTS? Yes / No

20. DO YOU WANT TO RECEIVE INFORMATION ON FUTURE PRODUCTS? Yes / No

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